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| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
| · (Bu | siness Entity Nar | me) |
| , (=: | -- | , |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. HAMPTON

OCT 2 9 2009

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations** DOCUMENT NUMBER: BOSOCCOC 37 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Mclain & principle capital partners. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1 0 1101

Filing Fee:

Certified Copy (optional): \$52.50

| 1. Trinciple Capital Fartners, L.P. |
|--|
| Name of Limited Partnership or Limited Liability Limited Partnership |
| 2. <u>2/14/2008</u> 3. <u>B0800000037</u> |
| Date of filing/registration in Florida Florida document number |
| 4. The name of the registered agent and the registered office address as shown on the records of the Florid Department of State: |
| Rodney McClain |
| 2212 NW 129th Ave |
| Address |
| Pembroke Pines, FL 33028 City, State and Zip |
| 5. The name and Florida street address of the new registered agent and/or office: |
| Daniel Friebis |
| 3890 Turtle Creek Drive Suite B Florida street address (P.O. Box not acceptable) |
| Port Orange FL 32127 City, State and Zip |
| 6. Such change (s) is/are effective when filed by the Florida Department of State. |
| Norma Illain |
| Signature of General Partner |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the propisions of all statutes relative to the proper and complete performance of my duties, and I am Amitikr with an accept the obligations of my position as registered agent. |
| Signature of Registered Agent |

\$35.00

SECRETARY OF STATE VISION OF CORPORATIONS